Attorney Docket No.: TRMB820

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. ۲۷	ar <sup>e</sup> IN	THE UNITED ST	ATES PATENT	AND TRADEM	ARK OFFICE				
beari	eby certify that ing First Clast posit.	at this transmittal of the below de s Postage and addressed to the	escribed document is being Commissioner for Patents I	deposited with the United P.O. Box 1450, Alexandria	States Postal Service in an envelope , VA 22313-1450, on the below date				
Date Depo	of 11/1	9 / 0 3 Name of Person Making the Deposit:	Julie Williams	Signature of the Perso Making the Deposit:	"Chillippillian &				
In re	e Applicati	on of: David Young							
Seri	ial No.: 0	9/456,896	Examiner: Phan	, Dao Linda					
File	d: 12/07	7/99	Art Unit: 3662		_				
For	: CORREC	TION DATA SIGNAL D	RECEIVED						
	nmissione	er for Patents			DEC 0 4 2003				
		'A 22313-1450	AMENDMENT T	TRANSMITTAL	GROUP 360				
1.	Trans	smitted herewith is an am	nendment for this app	olication					
2.	( <u>12</u> Transmit Other:	and the determination of the above identified patent application.  The determination of the above identified patent application.  The sheets of substitute formal drawings.  The sheets of substitute formal drawings.							
			Extension o	f Term					
3.	3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.								
(a)	[]								
		Extension [ ] one month [ ] two month [ ] three mon [ ] four month	s \$ ths \$	<u>ee</u> 110.00 420.00 950.00 1,480.00					
			<u> </u>	ee \$					
If an	additiona	al extension of time is red	quired, please consid	er this a petition the	refor.				
(b)	[X]	Applicant believes that being made to provide	e for the possibility th	m is required. Howe at applicant has ina	ever, this conditional petition is dvertently overlooked the				

need for a pelilion for extension of time.

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## **Fee Calculation**

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(for other than a small entity)									
Fee Items	Claims Remaining After Amendment	Highest Number of Claims Previously Paid For	Present Extra Claims	Fee Rate	Total				
Total Claims	29	- 26 =	3	x \$18.00	\$54.00				
Independent Claims	6	- 5 =	1	x \$86.00	\$86.00				
Multiple Dependent Claim Fee (one or more, first added by this \$290.00 amendment)									
Total Fees									

## PAYMENT OF FEES

- 5. The full fee due in connection with this communication is provided as follows:
- [ x ] The Commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment to Deposit Account No.: 23-0085.
   A duplicate copy of this authorization is enclosed.
- [ X ] A check in the amount of \$140.00
- [ ] Charge any fees required or credit any overpayments associated with this filing to Deposit Account No.: 23-0085.

Please direct all correspondence concerning the above-identified application to the following address:

## WAGNER, MURABITO & HAO LLP

Two North Market Street, Third Floor San Jose, California 95113 (408) 938-9060

Respectfully submitted,

Date: November 19,2003

Mehlin Dean Matthews Reg. No. 46,127